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FROM: Gwilym J. O. Attwell TIMEKEEPER NO.: 2287
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OF PAGES (INCLUDING COVER): 14 FILE NAME: CHIR0026-100/PP23878.0001
DATE: April 28, 2005 FILE #: 164760

RECIPIENT(S)	PHONE	FAX
Examiner Alana M. Harris U.S. PATENT AND TRADEMARK OFFICE GROUP ART UNIT 1642	703-306-3407	703.872.9306

MESSAGE: OFFICIAL FAX!

Serial No.: 10/004,113 Filing Date: October 23, 2001
Attachments: Transmittal form (1 page)
Petition For Extension of Time (in dup.) (2 pages)
Fee Transmittal (1 page)
Change of Correspondence Address (1 page)
Amendment and Response (8 pages)

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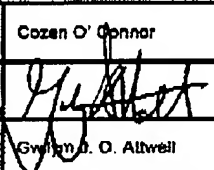
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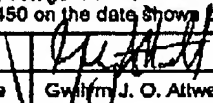
PTO/SB/21 (08-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/004,113
	Filing Date	October 23, 2001
	First Named Inventor	Eric K. Englehard
	Art Unit	1642
	Examiner Name	Alana M. Harris, Ph.D.
Total Number of Pages in This Submission	Attorney Docket Number	CHIR0026-100(P23878.0001)

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	Remarks
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Cozen O'Connor		
Signature			
Printed Name	Gwynn J. O. Atwell		
Date	April 28, 2005,	Reg. No.	45,449

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Gwynn J. O. Atwell	Date	April 28, 2005

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4518).		Complete if Known	
<h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">for FY 2005</h2>		Application Number	10/004,113
		Filing Date	October 23, 2001
		First Named Inventor	Eric K. Englehard
		Examiner Name	Alana M. Harris, Ph.D.
		Art Unit	1842
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	CHIR0026-100 (PP23878.0001)
TOTAL AMOUNT OF PAYMENT		(\$) 240	

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____

☒ Deposit Account Deposit Account Number: 60-1276 Deposit Account Name: Cozen O'Connor

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s)☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Small Entity**Fee (\$)****Fee (\$)**

50 25

200 100

360 180

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

5 -20 or HP= 0 x 0 = 0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

2 -3 or HP= 0 x 0 = 0

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims**Fee (\$)****Fee Paid (\$)**

180 180

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

- 100 = _____ / 50 = _____ (round up to a whole number) x _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

(Other (e.g., late filing surcharge) : 60)

Fees Paid (\$)

60

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	45,449	Telephone	215-666-6804
Name (Print/Type)	Gwilyn J. O. Altwell	Date	April 28, 2005		

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